



HEADQUARTERS  
MULTI-NATIONAL CORPS - IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

REPLY TO  
ATTENTION OF:

FCC IV6

23 January 2006

CLAIM OF: [REDACTED]  
CLAIM NUMBER: 06-IV6-T0030

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) IV6 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC IV6 offers you \$7,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

[REDACTED SIGNATURE]

CPT, U.S. Army  
FCC IV6

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HEADQUARTERS  
MULTI-NATIONAL CORPS - IRAQ  
BAGHDAD, IRAQ  
APO AE 09342

REPLY TO  
ATTENTION OF:

FICI-JA

Claim of [REDACTED], 05-IV6-T0030

ACTION

1. Facts: The claimant alleges that on 16 April 2005, her husband [REDACTED] was driving towards Samara when a vehicular accident occurred with U.S. Forces. It resulted in the death of her husband and total destruction of the vehicle. The amount requested for claim is \$11,500.
2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of U.S. Forces. Upon review of the claim, payment is offered.
3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
4. Action: The claim will be paid in the amount of \$7,000.

[REDACTED]  
[REDACTED]  
CPT, U.S. Army  
FCC IV6

UNCLASSIFIED/OFFICIAL USE ONLY

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**UNITED STATES ARMED FORCES CLAIMS FORM**

I. TO: United States Army Foreign Claims Commission Today's Date: \_\_\_\_\_

II. FROM: Name (English): \_\_\_\_\_

Name (Arabic): \_\_\_\_\_

(a) Circle one: Claimant / Attorney/ Authorized representative/ Parent/ Brother/Sister/ Son/Daughter  
→ [Attorney or representative MUST attach proof of authorization.] Other: \_\_\_\_\_

(b) IRAQI IDENTIFICATION NUMBER: \_\_\_\_\_

(c) DETAINEE IDENTIFICATION NUMBER: \_\_\_\_\_

III. ADDRESS of person filing claim:

(English): \_\_\_\_\_

(Arabic): \_\_\_\_\_

IV. HOME OR CELL PHONE NUMBER: \_\_\_\_\_

(a) I, the above named claimant/attorney/representative, certify that I (or the person on whose behalf I am making this claim) am a resident of Iraq

(b) I hereby make a claim against the UNITED STATES GOVERNMENT for damages or injuries caused by the following military unit: \_\_\_\_\_

(c) The property damaged is owned by: her dead husband ( [redacted] )

(d) The incident happened on April 16 2005 at Highway - Hilla  
(Date) (city/town/neighborhood/highway name & number)

V. The facts of the incident are as follows: As she said her husband [redacted] was working driving his (Buck blue, 1992) towards Samarra with another person (that person was colonel in the Iraqi Army) who died also with [redacted] at that accident. The humvees hit the car and turned over and the guards injured, they transferred the guards to the (CSH) in the IZ and the two dead people to a hospital in Al Mahawed, Babil also while the two guards were in the hospital the U.S army gave them a claim card for the dead people, that car and her husband was the only living source for the family

[Use back of sheet if needed. Be sure to include any photographs, statements from witnesses, documents proving ownership of damaged or destroyed property, death certificates, medical bills and repair estimates.]

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**UNITED STATES ARMED FORCES CLAIMS FORM**

VI. The following is a detailed list of what was damaged or destroyed and the estimates for repair if damaged and replacement if destroyed:

ITEM	PRICE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ 11,500



(a) I had insurance for the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) My insurer is: \_\_\_\_\_

VII. My total claim in U.S. Dollars against the United States Government is: \$ 11,500  
and in Iraqi Dinars is: \_\_\_\_\_

**\*\*\*CLAIM WILL NOT BE VALID IF US DOLLAR AMOUNT IS LEFT BLANK\*\*\***

This is my total claim resulting from this incident. I understand that if I accept a settlement of this claim that I will not receive any other money for this incident. I also understand that if my claim is denied, I will have the opportunity to appeal the decision but will likely need to provide new evidence in order to have my claim approved.

(Signature of Claimant)

**\*\*\*CLAIM WILL NOT BE VALID IF SIGNATURE IS LEFT BLANK\*\*\***

The claimant was assisted in completing this claim form by:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Contact Information: e-mail, address, DSN/DNVT, etc.)

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